

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **09/937314**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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49			/										
50			/	/									
TOTAL IND.			5										
TOTAL DEP.			6										
TOTAL CLAIMS			8										
51										/			
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99								/					
100								/					
TOTAL IND.										6			
TOTAL DEP.										44			
TOTAL CLAIMS										50			

2

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CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
101				/									
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TOTAL IND.		↓	1	↓		↓		↓		↓		↓	
TOTAL DEP.		←	31	←		←		←		←		←	
TOTAL CLAIMS			32										